

### APPLICATION DATA SHEET

| INVENTOR INFORMATION          |                          |
|-------------------------------|--------------------------|
| FIRST Inventor's Given Name:  | Seth                     |
| Middle Name:                  |                          |
| Family Name:                  | SHULMAN                  |
| Street Address:               | 5001 V Street            |
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| State or Province:            | D.C.                     |
| Postal or Zip Code:           | 20007                    |
| Country of Residence:         | US                       |
| Citizenship:                  | US                       |
|                               |                          |
| SECOND Inventor's Given Name: | Michael                  |
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|                               |                          |
| THIRD Inventor's Given Name:  | Mitchell                 |
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| Postal or Zip Code:           | 22180                    |

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| Country of Residence:                     | US                                     |
| Citizenship:                              | US                                     |
|   |  |
| FOURTH Inventor's Given Name:             | Vincent                                |
| Middle Name:                              | L.                                     |
| Family Name:                              | TADINO                                 |
| Street Address:                           | 3621 38 <sup>th</sup> Street, Apt. 201 |
| City:                                     | Washington                             |
| State or Province:                        | D.C.                                   |
| Postal or Zip Code:                       | 20016                                  |
| Country of Residence:                     | BE                                     |
| Citizenship:                              | US                                     |
|   |  |
| <b>CORRESPONDENCE INFORMATION</b>         |  |
| Customer Name:                            | Bingham McCutchen LLP                  |
| Correspondence Customer Number:           | 23639                                  |
| Local Phone Number:                       | (202) 778-6150                         |
| Local Facsimile Number:                   | (202) 778-6155                         |
|   |  |
| <b>APPLICATION INFORMATION</b>            |  |
| Title:                                    | Liquid Dispensing System               |
| Suggested classification:                 |  |
| Total Sheets of Drawings:                 | 4                                      |
| Suggested Drawing Figure for Publication: | 1                                      |
| Attorney Docket Number:                   | 74856-2001                             |
| Application Type:                         | Utility                                |
| Licensed US Govt. Agency [YES/NO]:        | No                                     |
| Contract or Grant Numbers:                |  |

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|   |                      |
|---|----------------------|
| Secrecy Order in Parent Application [YES/NO]:   | No                   |
| If plant patent, Latin name of genus and species of plant claimed:                                      |                      |
|   |                      |
| <b>REPRESENTATIVE INFORMATION</b>   |                      |
| Representative Customer Number:   | 23639                |
|   |                      |
| <b>DOMESTIC PRIORITY INFORMATION</b>  |                      |
| This application is a [Continuation / Divisional / Continuation-in-Part]:                               |                      |
| This application is a [Continuation / Divisional / Continuation-in-Part] of U.S. Patent Application No: |                      |
| [ADD ADDITIONAL PRIOR APPLICATIONS HERE IF NECESSARY]   |                      |
|   |                      |
| <b>FOREIGN APPLICATION INFORMATION</b>  |                      |
| First Priority Application Number:  | PCT/US2003/019406    |
| Country   | WO                   |
| Filing Date   | June 20, 2003        |
| Priority claimed [YES/NO]:  | Yes                  |
|   |                      |
| Second Priority Application Number:   |                      |
| Country   |                      |
| Filing Date   |                      |
| Priority claimed [YES/NO]:  |                      |
|   |                      |
| <b>ASSIGNEE INFORMATION</b>   |                      |
| Name of Assignee:   | Bioscan, Inc.        |
| Street Address:   | 4590 MacArthur Blvd. |

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| Country:            | US         |
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